



# AFH MEMBERSHIP FORM

January to December 2019

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the AFH: \_\_\_\_\_

If family, please include the number and ages of children, if applicable:

**PLEASE CHECK THE APPROPRIATE BOX(ES):**

new member     renewal     updated contact information

individual.....\$45     individual with 7 printed copies of La Chronique.....\$55     AATF member.....\$15

couple/family....\$60     couple/family with 7 printed copies of La Chronique.....\$70     Student - age \_\_\_\_\_.....\$10

Lifetime member individual.....\$450     Lifetime member Family.....\$600

Donation.....  Annual Fund \$ \_\_\_\_\_  Scholarship \$ \_\_\_\_\_ (Please make out a separate check for donations)

Make check payable to :

**Alliance Française of Hawaii**

and send to : **P.O. Box 10249, Honolulu, HI 96816-0249**

*You can also renew online at*

<http://www.afhawaii.org/content/membership>